

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395193	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/01/2022
NAME OF PROVIDER OR SUPPLIER  Rosemont Center		STREET ADDRESS, CITY, STATE, ZIP CODE  35 Rosemont Avenue Rosemont, PA 19010	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>39344</p> <p>Based on observations, review of facility policies and documentation, clinical record review and interviews with staff, it was determined that the facility failed to ensure that a resident was free from physical abuse for one of six residents reviewed (Resident R1). This deficiency was identified as an Immediate Jeopardy of past non-compliance for Resident R1 who was struck by a nurse aide.</p> <p>Findings include:</p> <p>Review of facility policy, Abuse Prevention Program dated revised December 2016, revealed that, Our residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual or physical abuse.</p> <p>Review of Resident R1's Admission MDS (Minimum Data Set - a mandatory periodic resident assessment tool), dated April 25, 2022, revealed that the resident was admitted to the facility April 19, 2022, with diagnoses of epilepsy (a disorder in which nerve cell activity in the brain is disturbed, causing seizures), hemiplegia (paralysis) and schizophrenia (mental illness associated with loss of reality contact, delusions and hallucinations). Continued review revealed that the resident had a BIMS (Brief Interview for Mental Status) score of 11, which indicated that the resident was moderately cognitively impaired.</p> <p>Review of Resident R1's care plan, dated initiated April 29, 2022, revealed that the resident had behavioral problems such as yelling and screaming at staff. The care plan was updated July 22, 2022, to reflect that Resident R1 had a resident-to-resident altercation where she tipped a table towards another resident. Interventions included monitoring behavior episodes, encouraging the resident to express her feelings appropriately, approaching the resident in a calm manner, diverting her attention, removing her from situations and taking her to an alternate location as needed.</p> <p>Review of facility documentation submitted to the Department of Health on July 22, 2022, at 4:34 p.m. revealed that upon investigating a resident-to-resident altercation, it was alleged that a Nurse Aide, Employee E5, hit Resident R1.</p> <p>Review of facility documentation revealed a written statement from Resident R1, dated July 22, 2022, at 1:15 p.m. in which the resident stated that she was hit by Nurse Aide, Employee E5 in the second-floor dining room.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Continued review of facility documentation revealed a written statement from Nurse Aide, Employee E5, dated July 22, 2022, at 1:42 p.m. which indicated that Resident R1 lifted her walker and was standing to hit me I then push her hands.</p> <p>Review of the facility's investigation summary related to the event that occurred on July 22, 2022, revealed that review of camera footage revealed that nurse aide, Employee E5 appeared to strike Resident R1. The facility determined that based on camera footage and interview with Resident R1, the allegation of physical abuse by Nurse Aide, Employee E5 was validated.</p> <p>Observation of camera footage on September 1, 2022, at 9:30 a.m. with the Nursing Home Administrator (NHA) revealed that Resident R1 lifted her walker up in front of nurse aide, Employee E5, appearing to try to hit or push the employee with her walker. Nurse aide, Employee E5 responded by striking the resident with an open hand. The NHA confirmed that in the camera footage, it appeared that Nurse Aide, Employee E5 struck Resident R1.</p> <p>Based on the above findings, an Immediate Jeopardy to the safety of the resident was identified for failure to ensure that a resident was free from physical abuse from nursing staff. An Immediate Jeopardy template (a document which included information necessary to establish each of the components of immediate jeopardy) was provided to the Nursing Home Administrator, on September 1, 2022, at 7:46 p.m.</p> <p>On July 22, 2022, the facility initiated a plan of correction to address the failure of ensuring that a resident was free from physical abuse. Facility plan of correction included the following:</p> <ol style="list-style-type: none"> <li>1. Facility staff in-servicing was initiated and over 93% of current staff have been educated, date of compliance August 11, 2022. All staff that have not completed in-servicing have been removed from the schedule and will not be allowed to work until in-service is completed.</li> <li>2. Facility has been auditing all incidents to rule out abuse since June 5, 2022. No other occurrences of abuse have been identified.</li> <li>3. Upon identifying perpetrator, the nurse aide was removed from patient care area, a statement was obtained, and the nurse aide was escorted from the facility. Residents on the nurse aide assignment were interviewed to rule out any additional abuse and all residents reported no abuse.</li> <li>4. During the QAPI meeting of August 15, 2022, the facility reviewed abuse reporting, prevention, training and identification. The event of July 22, 2022, was reviewed as well. Abuse requirements will continue to be reviewed in the next QAPI meeting, which is scheduled for September 19, 2022.</li> </ol> <p>Review of facility documentation revealed that the corrective action plan was immediately initiated on July 22, 2022. Residents were interviewed to rule out abuse. Staff education related to abuse was implemented. Audits were in place to review all incidents for the potential of abuse. Abuse reporting and education requirements were reviewed during QAPI meetings as well as the event that occurred on July 22, 2022.</p> <p>Interviews with residents conducted on September 1, 2022, between 9:00 a.m. to 9:30 a.m. revealed that residents reported feeling safe at the facility and had no abuse concerns.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Interviews were conducted with staff from various departments on September 1, 2022, between 12:03 p.m. to 12:30 p.m. All staff reported that they received in-service training regarding abuse, that they were able to recognize signs of abuse and that they were knowledgeable on reporting abuse as well as their role in the abuse investigation process.</p> <p>The facility's action plan was accepted on September 1, 2022, at 8:50 p.m. and identified as past non-compliance.</p> <p>483.13 - Resident Behavior and Facility Practices, 10-1-1998 edition</p> <p>28 Pa Code 201.14(a) Responsibility of licensee</p> <p>28 Pa Code 201.18(b)(1) Management</p> <p>28 Pa Code 201.18(b)(2) Management</p> <p>28 Pa Code 201.18(e)(1) Management</p> <p>28 Pa Code 201.29(c) Resident rights</p> <p>28 Pa Code 211.12(d)(1) Nursing services</p> <p>28 Pa Code 211.12(d)(5) Nursing services</p>		